APPLICATION FOR NOTICE OF AN OFFENDER'S RELEASE

- 1). **The Victim Rights Law** (M.G.L., c. 258B), mandates that victims, witnesses, family members of homicide victims and parents/guardians of minor aged victims shall, **upon request**, be notified, in advance, by the appropriate custodial authority whenever the offender is transferred to a less secure facility, escapes from custody or receives a temporary, provisional, or final release.
- 2). The **Criminal Offender Record Information (CORI) Law** (M.G.L. c.6, s.172c) mandates that any person who reasonably believes that his/her physical safety is at risk by an inmate shall, **upon request**, be notified, in advance, of an offender's release under a **Citizen**'s **Initiated Petition**" (**CIP**). Under the **CIP** process, you <u>must</u> provide a written statement with this application explaining why you believe the inmate might harm you.

INMATE INFORMATION		Probation	Probation Central File (PCF) #:				
Name of Inmate:		Alias(es):					
DOB:	SSN:			Race:			
Charges:				•			
Sentence:				Date of Sentence:			
CURRENT Place of Incarceration:							
APPLICANT INFORMATION ***/	Applicant n	must be over	18 years of ag	'e***			
Applicant (Ms./Mr.):		DOB:		SSN:			
Address:		City:		State		Zip:	
Home Phone: ()			Business/Other Phone: ()				
Special Needs (i.e., non-English spe	aking):						
YOU ARE APPLYING AS: 1. [] Victim [] Witness [] Family 2. [] Citizen's Initiated Petition (a solution) IF APPLICANT IS NOT THE VICTING	statement			1	rdian of ı	minor aged victim	
Victim's Name:				DOB:			
Applicant's relationship to victim:							
**APPLICANT'S SIGNATURE							
Name:	Office:			Court:			
Address:		Phone	e: ()	<u>l</u>	Fax:	()	

(**Revised 4/05**)

Criminal History Systems Board 200 Arlington Street, Suite 2200, Room 2112 Chelsea, MA 02150

Phone: (617) 660-4690, Fax: (617) 660-5973